Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		1	_				Version 7/03	
FEDERAL ASSISTANCI	E	2. DATE SUBMITTED	2/1	120	006	Applicant Ider	tifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		-	<u></u> \$	State Applicat	ion Identifier	
Construction	☑ Construction	4. DATE RECEIVED BY	FEDER	AL A	GENCY	Federal Identi	fier	
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION	<u> </u>	1						
Legal Name:			Organ	izatio	onal Unit:			
San Luis Obispo County Flood	Control and Water Conse	ervation Distirct	Department: Public Works Department					
Organizational DUNS: 7/14/04 ER1			Divisio	n: nting,	Finance			
Address: Street:			Name and telephone number of person to be contacted on matters					
County Government Center, Ro	oom 207		Prefix:		nis applic	ation (give are First Name:	a code)	
City:			Mrs.			Wendy		
San Luis Obispo			Middle M.	Nam	ie			
County: San Luis Obispo County			Last N Crawfo	ame irdHa	11			
State: CA	Zip Code 93408		Suffix:					
Country: United States of America			Email:	fordb	all@co.slo	2 02 110		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):				ber (give a		Fax Number (give area code)	
95-6000939	ח		805-78			•	805-781-1229	
8. TYPE OF APPLICATION:			7. TYF	E OF	APPLICA	ANT: (See back	k of form for Application Types)	
If Revision, enter appropriate let	ter(s) in box(es)	n Revision		G		·	., ,	
(See back of form for description	of letters.)		Other (speci	fy)			
Other (specify)	_					AL AGENCY: ment, Departme	ent of Agriculture	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DE	SCR	PTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Decree)		10-766	Camb	ria Flo	ood Contro	ol Project		
TITLE (Name of Program):								
12. AREAS AFFECTED BY PR		s, States, etc.):						
Cambria, San Luis Obispo, Cal	ifornia							
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CC			L DISTRICTS		
June 2006	Spring 2007			22			b. Project 22	
15. ESTIMATED FUNDING:							REVIEW BY STATE EXECUTIVE	
a. Federal \$		204.000	a. Yes		72 PROC THIS PRE		/APPLICATION WAS MADE	
b. Applicant \$		364,069	a. res			LE TO THE STA S FOR REVIEW	ATE EXECUTIVE ORDER 12372	
		683,265 ·				STORKEVILV	VON	
		1,948,223			DATE:			
d. Local \$		333,849	b. No.	7	PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$,00			OR PROC		T BEEN SELECTED BY STATE	
f. Program Income \$		14,841	17. IS				NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		3,344,247				an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION THE API	ON/PI	REAPPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	First Name				N 42 - 2 11			
Prefix Mr.	Noel				Middle R.	rvarne		
Last Name King					Suffix			
b. Title Director of Public Works and Tr	ansportation					phone Number 11-5252	(give area code)	
d. Signature of Authorized Repre	AMERICAN PROPERTY AND	MPGGGVVG SINGHAR PAPERNIC	TWO SECTION SE		O: 1) ₀ (
Previous Edition Usable	esentative Nulfin	THACE	VEI)	Н	Signed 2)1	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	on	(1000 brote team 1	n n n n		Working 27 to 78		Prescribed by OMB Circular A-102	
		FEB 0 1	2006		Ti same			

STATE CLEARING HOUSE

LICATION FOR	~	2. DATE SUBMITTE	D	Applicant Iden	lller			
EDERAL ASSISTANCE		1	∆1/31/2006⊦	State Applicati	on Identifier			
YPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED						
	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	DERAL AGENCY Federal Identifier				
Construction Non-Construction	Non-Construction							
APPLICANT INFORMATION	N		Organizational Uni	F				
egel Namo:		'	Department:					
OUNTY OF SAN DIEGO				PUBLIC WORK	S			
rganizational DUNS: 00-9581	646	ESS A Marin Leaf	Division: AIRPOR					
ddress:		IVED	Name and telephor involving this appl	ne number of po	rson to be contacted on matters			
treet:	Police :	3000	Prefix:	First Name:				
960 JOE CROSSON DR.	rts v	1 2006	Middle Name	PI	TER			
EL CAJON		Spirite and a sp	Middle Name					
County:	STATE ULEA	RING HOUSE	Last Name DRINK	VATER				
SAN DIEGO	Zip Code		Suffix:					
CA	92020		Email:		*			
Country: USA			Peter Dr Phone Number (give	inkwater@sdcou	nty.ca.gov Fax Number (give area code)			
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		(619) 956-48		(619) 956-4801			
95-600093	4		,		l'''			
TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bad	k of form for Application Types)			
Revision, enter appropriate k	ew Continuati	on 🔲 Revision	В					
Revision, enter appropriate it See back of form for description	on of letters.)		Other (specify)					
N			9. NAME OF FEDE	RAL AGENCY:				
Other (specify)			FEDERAL AVIATION	ON ADMINISTRA				
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	ICE NUMBER:			ICANT'S PROJECT:			
		20-106	FALLBROOK CON	IMUNITY AIRPA :RAFT PARKING	RK - DESIGN AND CONSTRUC' APRON AND MODULAR			
TITLE (Name of Program):	RPORT IMPROVEMENT	PROGRAM (AIP)	TERMINAL BUILD					
12, AREAS AFFECTED BY F								
FALLBROOK, SAN DIEGO, (
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS				
Start Date:	Ending Date: TBD		a. Applicant		b. Project 48			
TBD 15. ESTIMATED FUNDING:			16. IS APPLICATI		REVIEW BY STATE EXECUTIV			
		00	ORDER 12372 PR	DCESS?	N/APPLICATION WAS MADE			
a. Federal	\$	1,140,000 `	^{a. Yes. Rel} AVAIL	ABLE TO THE S	TATE EXECUTIVE ORDER 12372			
b. Applicant	\$	3,000	PROC	ESS FOR REVIE	W ON			
c. State	\$	110	DATE	02/01/06 (FAX				
	g:	57,000		RAM IS NOT CO	VERED BY E. O. 12372			
d. Local	U .		ם. אס. וענו					
e. Other	\$	1	l ^L FOR F	EVIEW	OT BEEN SELECTED BY STATE			
f, Program Income	\$	· · · · · · · · · · · · · · · · · · ·	17. IS THE APPLI	CANT DELINQU	ENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$		Yes If "Yes" att	aah an avnianati	on, 🖾 No			
_	HOW EDGE AND BELL	1,200,000 °		•	TRUE AND CORRECT. THE			
OCUMENT HAS BEEN DU	LY AUTHORIŻED BY TH	IE GOVERNING BOD'	Y OF THE APPLICANT A	ND THE APPLIC	ANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES I		WAAWUNED.						
Prefix	First Name PETER	2	Mld	dle Name L.				
Last Name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	Suf	flx				
DRINKWATER	1 - 1 - 1 1	Care harris	eler.	elephone Numbe	Pr (give area code)			
Title			(6	19) 956-4800	Miss mon angl			
Inature of Authorized Re	presentative		e . C	ate Signed 01/31/20	oe ·			

ADDITION FOR					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	13/06	Applicant Identi	fler .
		3. DATE RECEIVED BY		State Application	n Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	- - - - - - - - - -			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identific	Service of the servic
Non-Construction	Non-Construction				I BECEIVED
5. APPLICANT INFORMATION			Organizational Unit:		0.0.2006
Legal Name:			Department:	A	FEB 0-2 2000
Hill Country Co	mmunaty C	lunic, Inc.			
Organizational DUNS:	_		Division:		STATE CLEARING HOUSE
Address:			Name and telephone	number of per	son to be contacted on matters
Street:	_		involving this applic	First Name'	
29632 Nwy 2	99 East P	10.Bax 228	Prefix: MS	L	-ynn
City Round Mo			Middle Name E	•	
County			Last Name	roh	
Shasta	19h Cada		Suffix:		
State: CA	Zip Code 9408	식			
Country: USA			Email: Idorre	sh@hillc	oundryclinic, org
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give	area codé)	Fax Number (give eres code)
			530-337-4	243	530-337-6655
8. TYPE OF APPLICATION	<u></u>		7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
Nev Nev	v 🖺 Continuatio	n 🏗 Revision	O. Not.	for prof	it org.
if Revision, enter appropriate let	er(s) in box(es)		Other (specify)	. г	· · · · ·
(See back of form for description	of letters.)				
Other (specify)			9. NAME OF FEDER	AL AGENCY:	USDA
A A SERVEDAL	DOMESTIC ACCIOTANC	SE NITIMBED:	11, DESCRIPTIVE T		
10. CATALOG OF FEDERAL I	al-amount		ł		1
TITLE (Name of Program):	ity Program	10-766	Hill Cou	wtry h	ealth and
			Welln	ss Ca	nter
12. AREAS AFFECTED BY PR			772.1713		
Census Track 12	4,01,117,118	, Sha.Co.CA	•		
13. PROPOSED PROJECT			14. CONGRESSION		h Project
Start Date:	Ending Date:	31, 2007	a. Applicant	LOTHER MONEY	CA Congressional #0
15. ESTIMATED FUNDING:			16 IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
		Uu	ORDER 12372 PROC	CESS? REAPPLICATION	/APPLICATION WAS MADE
a. Federal \$	_ 2,66	3,000	a. Yes. AVAILAI	BLE TO THE STA	TE EXECUTIVE ORDER 12372
b, Applicant \$	15	0,000	PROCE	SS FOR REVIEW -	/ ON
c. State S		CU	DATE: ₹	Februar	43,3006
		<u>0,000</u>	_ PROGR	AM IS NOT COV	ERED BY E. O. 12372
	\	0,000	D. NO. 111		
e. Other Solar Pabel - 58		5,000	- FOR RE	VIEW	T BEEN SELECTED BY STATE
1. Program Income \$	Campaign 11		17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
					. 🐹 No
g. TOTAL	3,87	7,000	☐ Yes If "Yes" attac		· • • • • • • • • • • • • • • • • • • •
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	OWLEDGE AND BELIEF	F, ALL DATA IN THIS API	PLICATION/PREAPPL THE APPLICANT AN	LICATION ARE T DITHE APPLICA	NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	AWARDED.	THE ATTENDANT AND		
a, Authorized Representative			Middi	e Name 🗶	
Prefix MS:	First Name Ly	nn		<u> </u>	
Last Name Dorro	<u> </u>		Suffix	<	
		<u> </u>	c. Te	lephone Number	(give area code)
d. Signature of Authorized Repr		5 Vi		to Signed	1/2/01/2
	X/m	n U dan	H_	are originous of	3/3/06, Standard Form 424 (Rev.9-2003)
Previous Edition Usable Authorized for Local Reproduct	ion			•	Prescribed by OMB Circular A-102

ADDI ICATION FOD		1)		Version 9/03	
APPLICATION FOR			2. DATE S	UBMITTED			Applicant le	dentifier		
FEDERAL ASSISTAN	ICE	÷								
1. TYPE OF SUBMISSION:			3. DATE RI	ECEIVED BY	STATE		State Appli	ication Identifier		
Application	Preapplic	ation								
✓ Construction	Const	truction	<u> </u>							
Non-Construction	☐ Non-C	Construction						Tank Carlo C	Access Land	
5. APPLICANT INFORMATION				0	Organizational Unit:					
* Legal Name: T.R.N.E.R.R. T	ijuana Estu	ıary		De	Department:					
* Organizational DUNS:	13751535	54		Div	Division: STATE CLEARING HOUSE					
Address:								to be contacted on ma	tters involving	
* Street1: 301 Caspian Way	-			thi	applicatio	n (give area		4		
Street2:				Pro	efix: Mr.	* Fi	rst Name:	Clay		
* City: Imperial Beach		ounty San Dieg	^	Mi	ddle Name	. [
		ast Name:	Phillips							
* State: CA * Zip C	2 * Cour	ntry US	Su Su	ffix:	* E	mail: cphil	lip@parks.ca.gov			
6. * EMPLOYER IDENTIFICATIO	* P	hone Numi	per (give area	a code) F	ax Number (give area	ode)				
69-0303606	61	9-575-3615)	(619-575-6913					
8. TYPE OF APPLICATION:				7. 1	TYPE OF	APPLICAN*	r: Sta	ate Government		
✓ New ☐ Continuati	on 🗌	Revision					***************************************			
If Revision, enter appropriate letter(s) in box(es	;)					44			
A. Increase Award B. Decrease Awar	d C. Incr	ease Duration		9.	9. * NAME OF FEDERAL AGENCY:					
D. Decrease Duration Other (specify):				Na	tional Oce	anic and Atm	ospheric Ad	ministration		
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	11.42	11	* DESCR	PTIVE TITL	E OF APPLI	CANT'S PROJECT:		
TITLE: Coastal Zone Management	Estuarine F	Research Reserves		T I	iuana Rive	r National Es	tuarine Rese	arch Reserve:		
40 - 40 - 40 - 40 - 40 - 40 - 40 - 40 -					sitor Cente	er Complex -	Operations	Building Expansion Ph	ase 2 &	
12. * AREAS AFFECTED BY PRO		(Cities, Counties, States, et	c.): -		Visitor Center Addition Windows and Doors					
Imperial Beach, San Diego County	, California	1	:							
13.* PROPOSED PROJECT:				14.	* CONGR	ESSIONAL	DISTRICTS	OF:		
* Start Date		* Ending Date		* a	. Applicant			* b. Project		
06/01/2006		12/31/2006		53				53		
15. * ESTIMATED FUNDING:				16	IS APPLI	CATION SUI	BJECT TO R	EVIEW BY STATE EX	ECUTIVE	
* a. Federal	s	269,990	.00	OF	DER 1237	2 PROCESS	?			
* b. Applicant	\$	0	.00				-	ATION WAS MADE AVAI PROCESS FOR REVIEW		
* c. State	\$	118,485	.00		✓ YI	ES DATE	02/01/	2006		
* d. Local	\$	0	.00	b.	☐ PF	ROGRAM IS N	IOT COVERE	D BY E.O. 12372		
* e. Olher	\$	0	.00		_ Of	R PROGRAM	HAS NOT BE	EN SELECTED BY STAT	E FOR REVIEW	
* f. Program Income	\$	0	.00	17.	IS THE A	PPLICANT D	ELINQUENT	ON ANY FEDERAL D	EBT?	
g. TOTAL	\$				Yes	If "Yes," atta	ich an explar	nation.	✓ No	
18. TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, AND THE APP	ALL DATA IN THIS AF	PPLICATION/PR	REAPPLICATION TTACHED ASSI	ARE TRUE	AND CORRECT THE ASSISTAN	. THE DOCUME CE IS AWARDE	NT HAS BEEN DULY AUTHO	ORIZED BY THE	
a. Authorized Prefix: Mr. * First Name: Clay Representative						Middle N	ame			
* Last Name:	Phillips	-					S	Suffix:		
* b. Tille: Reserve Manager				* c. Telephon	lephone Number (give area code): 619-575-3615					
* Email: cphillip@parks.ca.gov			1	Fax Number	(give area	code):	619-57	75-6913		
d. Signature of Authorized Represe	entative:	Complete	ed on submis	sion to Grant	s.gov	e. Date S	igned: Com	pleted on submission to	Grants.gov	

Feb 02 06 01:32p Tijuana River National Es 6195756913 p.3 Version 9/03 **APPLICATION FOR** Applicant Identifier 2 DATE SUBMITTED FEDERAL ASSISTANCE State Application Identifier 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE Application Preapplication ✓ Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: * Legal Name: T.R.N.E.R. Tijuana Estuary Department: 137515354 * Organizational DUNS: Division: Name and telephone number of person to be contacted on matters involving Address: this application (give area code) * Street1: 301 Caspian Way * First Name: Clay Prefix: Mr. Street2: Middle Name: * City: Imperial Beach County San Diego * Last Name: Phillips * Zip Code: 91932 USA * State: * Country Suffix: • Email: cphillip@parks.ca.gov 6. * EMPLOYER IDENTIFICATION NUMBER (EIN): Fax Number (give area code) * Phone Number (give area code) 69-0303606 619-575-6913 619-575-3615 State Government 7. * TYPE OF APPLICANT: 8. TYPE OF APPLICATION: ☐ Continuation Revision √ New If Revision, enter appropriate letter(s) in box(es) C. Increase Duration 9. * NAME OF FEDERAL AGENCY: A. Increase Award B. Decrease Award D. Decrease Duration Other (specify): National Oceanic and Atmospheric Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11,420 11, * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TITLE: Coastal Zone Management Estuarine Research Reserves Tijuana River National Estuarine Research Reserve Visitor Center Complex - Visitor Center Improvements 12. * AREAS AFFECTED BY PROJECT (Cities Counties States etc.): Imperial Beach, San Diego County, California 14. * CONGRESSIONAL DISTRICTS OF: 13. * PROPOSED PROJECT: * Start Date * Ending Date * a. Applicant * b. Project 53 06/01/2006 03/31/2007 15. * ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? * a. Federal \$ 95,256.00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO * b. Applicant THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: \$ 0.00 * c. State 44,800.00 ✓ YES DATE 02/01/2006 \$ d. Local PROGRAM IS NOT COVERED BY E.O. 12372 S 0.00 * e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW s 0.00 * f. Program Income s 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. ✓ No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Previous Edition Usable

a. Authorized

Representative

Prefix: Mr.

* Last Name:

Phillips

* First Name: | Clay

* b. Title: Reserve Manager

* Email: cphillip@parks.ca.gov

d. Signature of Authorized Representative:

Middle Name

* c. Telephone Number (give area code):

Fax Number (give area code):

Completed on submission to Grants.gov

Suffix:

619-575-3615

619-575-6913

e. Date Signed: Completed on submission to Grants.gov

Version 9/03

APPLICATION FOR			a DATE QUEMIT	ITTED Applicant Identifier				
FEDERAL ASSISTAN	ICE		2. DATE SUBMITT	ED	Applican	(ruemine)		
			a DATE DECENT	D DV DTATE	State An	plication Identifier		
1. TYPE OF SUBMISSION:	Dannella	a tia a	3. DATE RECEIVE	DBYSIAIE	otate Ap	producti rectand		
Application	Preapplic							
Construction	_	ruction	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. 1 1		Parties Supplementary of the s		
Non-Construction	:_ Non-C	onstruction				Control Control Control		
5. APPLICANT INFORMATION				Organizatio	nal Unit:	FEB 0 2 2006		
* Legal Name: T.R.N.E.R.R. T	ijuana Estu	ary		Department:		, LD 0 2 2000		
* Organizational DUNS:	13751535	4		Division:		STATE CLEARING HOUSE		
Address:					ephone number of pers n (give area code)	on to be contacted on matters involving		
* Street1: 301 Caspian Way				Prefix: Mr	* First Name:	Clay		
Street2:				·				
* City: Imperial Beach	Co	ounty San Dieg	0	Middle Name				
* State: CA * Zip C	 Code: 9193	2 * Cour	ntry USA	* Last Name:				
<u> </u>				Suffix:		hillip@parks.ca.gov		
6. * EMPLOYER IDENTIFICATIO	N NUMBER	(EIN):		,	per (give area code)	Fax Number (give area code)		
69-0303606				619-575-361	j	619-575-6913		
8. TYPE OF APPLICATION:				7. * TYPE OF	APPLICANT:	State Government		
New Continuati	on 📋	Revision				-		
If Revision, enter appropriate letter	(s) in box(es)			- Parties - Committee			
A. Increase Award B. Decrease Awar	d C. Incr	ease Duration		9. * NAME O	FEDERAL AGENCY:			
D. Decrease Duration Other (specify):				National Oce	anic and Atmospheric A	Administration		
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	11.420	11. * DESCR	PTIVE TITLE OF APP	LICANT'S PROJECT:		
TITLE: Coastal Zone Management	Estuarine F	Research Reserves		Tijuana River National Estuarine Research Reserve Visitor Center Complex – Storage and Nursery Compound & Exterior Site Improvements				
42 1 ADEAS AFFECTED DV DD	O JECT	(0)	in to					
12. * AREAS AFFECTED BY PRO		(Cilios, Counties, States, et	7					
impenar beach, San Diego Count	y, Camornie	2						
13. * PROPOSED PROJECT:				14. * CONGF	ESSIONAL DISTRICT	S OF:		
* Start Date		* Ending Date		* a. Applican		* b. Project		
06/01/2006		03/31/2007		53		53		
15. * ESTIMATED FUNDING:				16. IS APPLI	CATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
* a. Federal	\$	224,269	.00		2 PROCESS?	IOATION MIAC MADE AVAILABLE TO		
* b. Applicant	\$	0	.00	1		ICATION WAS MADE AVAILABLE TO 72 PROCESS FOR REVIEW ON:		
* c. State	\$	96,344	.00	☑ ✓ Y	ES DATE 02/0	1/2006		
* d. Local	\$	0	.00	b. P	ROGRAM IS NOT COVE	RED BY E.O. 12372		
* e. Other	\$	0	.00	- 🗆 o	R PROGRAM HAS NOT E	BEEN SELECTED BY STATE FOR REVIEW		
* f. Program Income	\$	0	.00	17. IS THE A	PPLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL	s [Yes	If "Yes," attach an exp	fanalion. 📝 No		
18. TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, AND THE API	ALL DATA IN THIS AI	PPLICATION/PREAPPLIC LY WITH THE ATTACHED	CATION ARE TRUE D ASSURANCES IF	AND CORRECT, THE DOCU THE ASSISTANCE IS AWAR	MENT HAS BEEN DULY AUTHORIZED BY THE DED.		
a. Authorized Prefix: Mr. Representative		First Name: Cla	у		Middle Name			
* Last Name: Phillips Suffix:								
* b. Title: Reserve Manager				Telephone Number (give area code): 619-575-3615				
* Email: cphillip@parks.ca.gov			Fax Nur	k Number (give area code): 619-575-6913				
d. Signature of Authorized Repres	entative:	Complete	ed on submission to	Grants.gov	e. Date Signed: Co	empleted on submission to Grants.gov		

Version 9/03

1. TYPE OF SUBMISSION Application Preapplication Construction Non-Construction Non-Construc	APPLICATION FOR FEDERAL ASSISTAN			, DATE SUBI	SUBMITTED			Applicant Identifier			
Application	4 TVDE OF CLIEMISCION		1	DATE RECI	FIVED BY STATE		State Application Identifier				
Construction		Preannlication	3.	. DATE REC					Production and activities of the control of the con		
Non-Construction	''		, , ,		<u> </u>				RECEIVED		
5. APPLICANT INFORMATION Clagal Name T.R.N.E.R.R. Tijuana Estuary Department: STATE CLEARIHING HIDUS Choused STATE CLEARIHING HIDUS Department: STATE CLEARIHING HIDUS Nome are all elegebone number of person to be contacted on matters involving this application (give area code) Price, [M] First Name: Clay Middle Name: Last Name: First Name: Clay Middle Name: Last Name: First Name: Clay Fax Number (give area code) S19-575-5815 G19-575-5815 G19						·			Lane of heres V lesses had		
**Logal Name T.R.N.E.R.R. Tijuana Eduary Organizational DUNS 137515354 Address: Strott: STGTE CIEARING HOUSE Strott: STGTE Capana Way Street2: Strott: STGTE Capana Way Street2: Stre					0	mal Ilaita			FEB 0 2 2006		
* Organizational DUNS:						mai Omit.					
Address: Street1:	Legal Name: T.R.N.E.R.R. T								STATE CLEARING HOUSE		
Sirvet1: 301 Caspian Way Sirvet2:	* Organizational DUNS:	137515354							THE RESIDENCE OF THE PROPERTY		
Street 2	Address:							on to be	contacted on matters involving		
Middle Name:	* Street1: 301 Caspian Way							Clay			
* City: Imperial Beach County San Diego * State: CA * Zip Code \$1932 * Country USA 6.* EMPLOYER IDENTIFICATION NUMBER (E/N): 6.9 C393600 Sign 23 Sign 24 Sign	Street2:										
Sale: CA *Zip Code \$1932 *Country USA 6. *EMPLOYER IDENTIFICATION NUMBER (EIN): 6- On the property in the pr	▼ City: Imperial Beach	County	San Diego								
6.*EMPLOYER IDENTIFICATION NUMBER (EIN): Sp.303869	* State: CA * Zip C	Code: 91932	* Country	y USA			Email: cnh	illin@n:	arks ca gov		
Sign 3030866 Sign 375-3615 Sign 575-3613											
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If Revision, enter appropriate letter(s) in box(es) A increase Avard 8 Boccasea Award C. Increase Duration D. Decreases Burstion Other (speedly): National Oceanic and Almospheric Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE: Coastal Zone Management Estuarine Research Reserves Title: Oastal Zone Improvements - Entrance Road, Water Mgt. Signage and Public Use Facilities - Planning / Permitting / Design (& minor construction) 13. *PROPOSED PROJECT: 14. **CONGRESSIONAL DISTRICTS OF: 14. **CONGRESSIONAL DISTRICTS OF: 15. * EstimAted Public Use Facilities - Planning / Permitting / Design (& minor construction) 15. * EstimAted Public Use Facilities - Planning / Permitting / Design (& minor construction) 15. * EstimAted Public Use Facilities - Planning / Permitting / Design (& minor construction) 16. [S. Applicant		on Mevi	sion		7. 1172 01	APPLICAN	"	state OU	Vernancia		
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* a. Federal \$ 193,580.00 ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: * c. State \$ 84,398.00 FYES DATE 02/01/2006 * d. Local \$ 0.00 PROGRAM IS NOT COVERED BY E.O. 12372 * e. Other \$ 0.00 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW * f. Program Income \$ 0.00 T7. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? G. TOTAL \$ PYES If "Yes," attach an explanation. No 1e. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Prefix: Mr. * First Name: Clay Middle Name Representative * Last Name: Phillips Suffix:	06/01/2006	06/	30/2007		53	-		51			
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* Email: Cphillip@parks.ca.gov Fax Number (give area code): 619-575-6913							-clair -				
		entative:	Completed	on submissio	n to Grants.gov	e. Date S	Signed: Co	mpleted	I on submission to Grants.gov		

AFFLICATION FOR	_				Versian 7/
FEDERAL ASSISTANCE		2. DATE SUBMITTE		Applicant Ide	entifier
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Application	Pre-application		PIOIAIL	Grare Applica	FUON IGENTINE
☑ Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	Non-Construction	`			• •
5. APPLICANT INFORMATION	<u>ı⊨ won•Construction</u>	<u> </u>			
Legal Name:			Organizational Uni	t·	
COUNTY OF SAN DIEGO			Department:		
Organizational DUNS:			Distriction of the second of t	PUBLIC WOR	KS
00-95816	46		Division:	T S	÷
Address:					erson to be contacted on matters
Street:			involving this appl	ication (glve ar	ea code)
1960 JOE CROSSON DR.			Prefix:	First Name:	PT-
City:			Middle Name		ETER
EL CAJON	•		Wilder Harrie		
County: SAN DIEGO			Last Name DRINKW	ATED	
State:	Zip Code		Suffix:	AIER	
CA	92020		Sum,		
Country: USA			Emall:		
6. EMPLOYER IDENTIFICATIO	N NIIMBED (EIN)		PETER, D	RINKWATER@	edcounty.ca.gov
	it Homber (End),		Phone Number (give		Fax Number (give area code)
95-6000934			(619) 956-480	0	(619) 956-4801
B. TYPE OF APPLICATION:	•		7. TYPE OF APPLIC	ANT: (See bad	ck of form for Application Types)
₹ New	Continuatio	n 🔲 Revision	В		., ,,
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)				
(See back or form for description	of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FEDER	AL AGENCY.	
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AIRPO	ORT IMPROVEMENT P	ROGRAM (AIP)			
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	, States, etc.):			
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13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	05:
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c, State s		1,073	⊣	-	
	_	35,625	DATE: 0	2/03/2006 (Faxe	ed to (916) 323.3018)
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	irst Name		h 41 - 12 -		
	PETER		Middle	Name L.	
Last Name DRINKWATER			Suffix		
). Title					
DIRECTOR OF COUNTY AIRPO	RTS	\sim \sim \sim	C. Telep (610)	phone Number (956-4800	give area code)
. Signature of Authorized Represe	ntative / ever	(1/6Cens VI	e. Date	Signed	
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APPLICATION FOR PTFP FUNDS OBB0-0003 APPLICATION	UNDS		eleco: NTIA/Dep	artment of (ication Commerce/M CFDA 11.550	/ashingto	cilitie on DC 20	000	r PTFP	neck here if
1. APPLICA	NT						2, ID	# (EIN)	77-0387459	
Legal Name	Founde	tion California S	state Univer	rsity Monter	ev Bav		3	-	08-241-2920	
Organizational Unit		of Grants & Cont					Main Station	_		
Mailing Address (ling 1)	100 Ca	mpus Center, B	uilding 97				Cail Letters	KAZU F		TV Channel
Address (line 2		,	J					, 100	17112	TV Charmer
City	Seaside)			State C	4	Cou	inty <u>US</u>	;	Zip <u>93955-8</u> 001
4. Administrati	ve Contac	:	-		E-mail cindy	lopez@	 csumb.ed		-	
Mr., Ma.,	Dr. First N	lame	M, t,	Last Name			Jr. etc	Pasition		
Ms.	Cyni		E .	Lopez	_		01.00		, Office of Gra	nts & Contracts
Phone # <u>(831</u>) 582-30	39		DECE	WED	Fax#	(831) 5	82-3305		
5. Engineering	Contact		\ \	Branch Willy Bries	05000C					
Full Mr. D Name	Donald M	ussell		FEB 0	3-2006	Engineer Phone	(831)	20-1571		
Title Cons	sulting Er	gineer	 8	TATE CLEA	RING HOUS		dmsml	@well.com)	-
PROJECT IN	VFORMA	TION	6a. Enter "	Y" if	6b. Old		7. Enter "		N	8, Enter the
9. Enter letter(s)) to classify	project	Keactiv	vation N	File #		are rec	uthorizations Julred	<u>IN</u>	Priority or Category under which
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Enter the popul appropriate col	lation in the lumn	best describes your NEW BROADC facility: repeater, translator.	AST 🗸 RE	PLACE or BROADCAST	DIGITAL CONVERSION STATES		NONBRO		12. Single Congressions District of Applicant	
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First Service ac NEW proposed		a Seed Secure & Bold Learness of and Alberta A. P. Secure of layers	0						13. Other Cong. of project (e.g. P	listricts served by A 1-3, NY 4, 5-9)
ADDED SERV			600,7	700						
			1,000,7	7						
14. ESTIMA	TED FUN	IDING (whole d	lollars)	15. la appli	cation subject to	review by f	Executive Or	der 123727	16. is appli- any Federá	cant delinquent on
a. Federal Requ	uest \$	7,3	392	YES	This application State EO 1237	n was made 2 process f	avallable to	the	any redera	n Dabt:
b. Applicant She	are \$	7,3	193		02/ 3/2006				NO Enter YES If YES, atte	or NO ich explanation.
c, TOTAL	2	14,7	' 85	NO	_		red by EO 1			,
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	First Name		M. I.	Last Name	Phone # (8:	31) 582	-3089 Jr. etc	Position		
Ms.	Cynfhia		E .	Lopez				Director	, Office of Gra	nts & Contracts
Signature of authoriz		MATTA	$\tau \overline{\overline{Q}}$	= T	202		Date	2/3/0		
Authorized for Loc		tion 1	بر روس ماانات		JK =	This	signed form expires	10/31/2006 F	Previous Editions NO	T usable
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APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11,550

OMB Approval

 Summary of application (Summariz Foundation of California State t emergency generator and unint 	Jniversity Monterey B	av seeks fundir	no assistar	ice to mir ion KAZL	nimize ser J-FM.	vice dis	ruption	n by acquirin	g an
19. Types of Applicant (Enter appropria	ite letter in box)		20. Statio		TH	IS YEAR		NEXT YEAR IF	
A. State J. Private Univ	rrsity		Ораг	ations	Number	Hrs	.Wk	Number	Hrs./Wk
D. Township M. Non-profit	IOTE: Nat cligible for PTFP fun	nding)	Full-	Time Staff		6	40	6	40
E. Interstate O. Other (specific formunicipal G. Special District	ify)		Part-	Time Staff		1	30	1	30
H. Independent School District State Controlled Institute of Higher learning	0		,	Volunteers	** 1 2 - 11 - 8	5	3	10	3
Auxiliary to a sta	to Controlled		Operati	ng Budget	\$	<u>84</u>	7,191	\$	889,550
Institute of Highe									
21, Public Broadcasting Affiliations	Check if nonbro								•
T. Public broadcasting Almations	application and Not Applicable			Enter "Y"	ship in natior as appropri	ate.	Drosdca	eting organizati	ions.
Enter "" If applicant is currently CPB qualified				PBS	NPR	NFCB	PRI	Other	Other
L	Date of expected qualific	cation ·	This year		Υ		Υ	Y	
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.			Next year		Y		Y	Y	
Proposed Community of licen	Se Channel #	FCC File #			Site Name	Alband Lawrence and Company		Owned Less	ed
		4		-					
(circle has) another Federa	ed to, intend to apply to, or il program for this project or information regarding fund	r a related project?						nother	
24. List all public radio, TV stations or l type signal to the proposed service are		or TV), A	.5. Areas iffected by his Project	Montere Benito	ey County County, C	, CA; S: A	anta C	ruz County,	CA; San
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Santa Cruz, CA	KUSP Call Letters		itates, Itc.)						
<u>City</u>	Call Letters					•			
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FEDERAL ASSISTAN	ÇE	2. DATE SUBMITTED November 11, 2005)	pplicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Dro analization	3. DATE RECEIVED	BY STATE	State Applica	tion Identifier
Construction	Pre-application Construction	4. DATE RECEIVED	BY FEDERAL AGENO	Y Federal Iden	ifier
Non-Construction	Non-Construction		•		
5. APPLICANT INFORMATION Legal Name:			0		
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Organizational DUNS:	nct		Woodlake Union S Division:	School District	
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Address: Street:			Name and teleph	one number of pe plication (give are	erson to be contacted on ma
300 West Whitney			Prefix:	First Name:	
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JSA *	1011 1111111111111111111111111111111111		drsteve@woodlak		
. EMPLOYER IDENTIFICAT			Phone Number (give	•	Fax Number (give area code)
7 7 -0 5 6 9 0 4 3. TYPE OF APPLICATION:	2		559 564-8081 ext		559 564-3831
. TYPE OF APPLICATION:	ew 🔲 Continuation	n Revision		ICANT: (See bac	k of form for Application Types
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Other (specify)			9. NAME OF FEDE USDA Rural Devel		· · · · · · · ·
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
ITLE (Name of Program): community Facility Fund 2. AREAS AFFECTED BY PI city of Woodlake, unincorpora		•			
3. PROPOSED PROJECT	The state of the s	7004, 111100 141010	14. CONGRESSIO	NAL DISTRICTS	OF:
tart Date: /1/05	Ending Date: 6/30/07		a. Applicant 21		b. Project 21
5. ESTIMATED FUNDING:	0/30/07				REVIEW BY STATE EXECUT
Federal \$	<u> </u>	00	ORDER 12372 PRO	CESS?	APPLICATION WAS MADE
Applicant	Characteristics and a section of the sec	100,000	a. Yes.		TE EXECUTIVE ORDER 123
State 15	CEVED-	00	DATE:	11/11/05	
Local rs	EB 0 3 2006	.00	b. No. PROGE	RAM IS NOT COVI	ERED BY E. O. 12372
Other \$		100,000	OR PR		BEEN SELECTED BY STATE
Program Income STATIS	CLEARING HOUSE	00	17. IS THE APPLIC		T ON ANY FEDERAL DEBT?
TOTAL \$	A SALE AND ADDRESS OF A STATE OF THE STATE OF THE SALE AND ADDRESS OF THE SALE	200,000	Yes If "Yes" atta	ch an explanation.	☑ No
TO THE BEST OF MY KNO	AUTHORIZED BY THE G	ALL DATA IN THIS AP	PLICATION/PREAPP	ICATION ARE TI	
TACHED ASSURANCES IF Authorized Representative	THE ASSISTANCE IS AW	ARDED.		A LIOAN	
efix	First Name Steve		Midd Max	e Name	
st Name etjen			Suffix	[
ritle				ephone Number (g	ive area code)
iperintendent Signature of Authorized Repre	Sertative			564-8081 te Signed	·
	10th		p. Da	1/05	

Authorized for Local Reproduction

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	1144	
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED B	Y STATE	State Applicati	ion Identifier	
Application	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identif	fler	
Construction	Construction					
Non-Construction 5, APPLICANT INFORMATION	Non-Construction		WANTED THE			
Legal Name:			Organizational Unit:		180	
Cutler-Orosi Join	t Unified Scho	ol District	Department: school	l district	<u> </u>	
	4763627	unaus 11 11 11 11 11 11 11 11 11 11 11 11 11	. Division:			
Address:		The state of the s	Name and telephone	number of pe	rson to be contacted on matters	
Street:		Annual III	involving this applic	ation (give are	a code)	
12623 Avenue 416			Prefix:	First Name:	Carolyn	
City:			Middle Name W.			
Orosi County			Last Name Keh	rl1		
County: Tulare						
State: CA	Zip Code 93647		Suffix:		1. SECTION 1.	
Country: USA			Emaliehrli@cut	ler-orosi	.k12.ca.us	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give s		Fax Number (give area code)	
			559-528-69	40	559-528-3562	
7 7-0 5 6 5 32 6 8. TYPE OF APPLICATION:	<u> </u>	J. Water DANIE	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
B. Nev	v 🔲 Continuatio	n 🔲 Revision	н	•		
lf Revision, enter appropriate lett	er(s) in box(es)	is had seen	Other (specify)			
(See back of form for description	of letters.)	П	1			
Other (specify)	· · ·		9. NAME OF FEDER	AL AGENCY:	ISDA	
10. CATALOG OF FEDERAL I	OMERTIC ARRIGIAN	E NI IMPED.	11. DESCRIPTIVE TI			
10. CATALOG OF FEDERAL	JOHES HO ASSISTAN	•	eHealth De			
TITLE (Manne of Brogram)	. :	10-766	eHealth he	near Cim	irc	
and the second s	mmunity Facil:					
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie:	s, States, etc.):				
Orosi, Cutler, Yet	tem, Badger, (CA				
13. PROPOSED PROJECT			14. CONGRESSION/ a. Applicant	AL DISTRICTS	b. Project	
Start Date: March 2006	Ending Date: March	2007	20. 21		20, 21	
15. ESTIMATED FUNDING:	1101 011	III. II HORIZIT W			REVIEW BY STATE EXECUTIVE	
a. Federal	A COMMISSION REPORTS	700	ORDER 12372 PROC	EAPPLICATION	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
	60,0	JOU		LE TO THE ST S FOR REVIEV		
b. Applicant	Transport Install	•	PROCES	S LOK KEVIEV	WON	
c. State	3 2006	.00	DATE:			
d. Local FFB. 0	J 7000	an an	D. No. ITI PROGRA	M IS NOT CO	VERED BY E. O. 12372	
i i	···	00	OP PRO	CRAM HAS NO	OT BEEN SELECTED BY STATE	
e. Other STATE CLE	165,	166		/IEIA/		
f. Program Income \$			17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g, TOTAL \$			Yes if "Yes" attac	n an explanatio	n. No	
18. TO THE BEST OF MY KNO	225,	166				
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.		L. DURGERANT WITH	A LA	
a. Authorized Representative Prefix Mr.	First Name Frank		Middle	Name]	N .	
××× ₹	Frank		Suffix			
Last Name Murphy				HAMILTONIA POPULATION AND AND AND AND AND AND AND AND AND AN	III. IAA IAA IAA IAA IAA IAA IAA IAA IAA	
b. Title Superintenden	t	, /	c. Telephone Number (give area code) 559-528-4763			
d, Signature of Authorized Repre	and the same of th	1. 0/			vember 16, 2005	
	7-11	unshy			Standard Form 424 (Rev.9-2003	
Previous Edition Usable	. /	7			Prescribed by OMB Circular A-102	

				OMB Approval NO. 0348-0043				
APPLICATION FOR		2. DATE SU	BMITTED	Applicant Identifier				
FEDERAL ASSISTAL	NCE	December	22 2005	LCR No.: 2006-03				
1. TYPE OF SUBMISSION	T	December :	22, 2005 CEIVED BY STATE	State Application Identifier				
Application	Preapplication	J. DATERE	OLIVED DI OTATE	State Application Too Miles				
◆ Construction □ Non-Construction	☐ Construction☐ Non-	4. DATE REA	CEIVED BY FEDER	AL Federal Identifier				
	Construction							
5. APPLICANT INFORMATION			Organizational Uni					
Legal Name: TULARE COUNTY REDEVE			COUNTY					
Address (give city , county, State 5691 SOUTH MOONEY BOUVISALIA, CALIFORNIA 932	JLEVARD		Name and telephone number of person to be contacted on matters involving this application (give area code) STEVE HORTON, PROJECT COORDINATOR TULARE COUNTY REDEVELOPMENT AGENCY PHONE: (559)-733-6291 x4302 FAX: (559)-730-2591					
6. EMPLOYER IDENTIFICATION 94-6000545	N NUMBER (EIN):		7. TYPE OF APPI	.ICANT: (enter appropriate letter in box) (B.)				
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist.				
◆ New ☐ Continuatio If Revision, enter appropriate let A. Increase Award B. Dec	ter(s) in box(s)	se Duration	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special	 State Controlled Institution of Higher Learning Private University Indian Tribe Individual Profit Organization Other (Specify) 				
	(specify):	·	District					
				DERAL AGENCY: S DEPARTMENT OF AGRICULTURE				
	LITES LOANS AND GRA	NTS	Cutler-Orosi Wast	E TITLE OF APPLICANT'S PROJECT: ewater Treatment & Disposal Facilities d Additions. Project will upgrade collection system nt in conjunction with joint district investment and a				
12. AREAS AFFECTED BY PR								
Unincorporated Communit 13. PROPOSED PROJECT	les of Cutler and Orosi, C		S OF:					
WASTEWATER TREATMEN IMPROVEMENTS			OF.					
Start Date Ending Date			b. Project					
02/2006 10/2009	TULARE COUNTY	REDEVELO	PMENT	Cutler-Orosi Wastewater Treatment & Disposal Facilities Improvements and Additions.				
15. ESTIMATED FUNDING:	AGENCT		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIV					
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a. Federal	STREET, STREET	2,898,000		REAPPLICATION/ APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12372 PROCESS				
b. Applicant	San Vine I	0	FOR REVIEV					
c. State	EB 6 3 2006	0	•					
d. Local - CPUD/OPUD STATI	E CLEARING HOUSE	759,900		AM IS NOT COVERED BY E.O. 12372 GRAM HAS NOT BEEN SELECTED BY FOR REVIEW				
e. Other (EPA)		1,000,000	,					
f. Program income	\$	0	17. IS THE APPL	ICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	\$	4,657,900	☐ Yes If "Yes," attach an explanation ◆No					
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOV LHE ASSISTANCE IS AWAR	ERNING BOD		EAPPLICATION ARE TRUE AND CORRECT, THE ANT AND THE APPLICANT WILL COMPLY WITH THE				
a. Type Name of Authorized Re CONNIE CONWAY	presentative b. Title		OF DIRECTORS	c. Telephone Number (559) 733-6271				
d. Signature of Authorized	Suna		to alternative and a second and	e. Date Signed December 21, 2005				
Previous Edition Usable				Standard Form 424 (Rev.7-97)				
Authorized for Local Reproduction	$n \sim \sqrt{1}$	•		Prescribed by OMB Circular A-102				
	7							

WIGATION FOR					Version 7/03
LICATION FOR		2. DATE QUEMITTE February 3, 2006	6	Ar. (Iden)	
DERAL ASSISTANCE		3, DATE RECEIVED	BY STATE	State Application	on Identifier
PE OF SUBMISSION:	Pre-application	1	BY FEDERAL AGENCY	Federal Identif	191
	Construction	4. DATE RECEIVE	BA LEDELAL VOLUE.	1	
Non-Construction	Mon Construction				
PPLICANT INFORMATION			Organizational Uni		
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enizational DUNS:			Division.		
BINISBUOTIN POITO.	RECE	TVERT	Name and tolopho	ne number of pa	renn to be contacted on matters
iross:	HOUSE	IVED	Involving this app	First Name:	10 (000)
28 BUSINESS CENTER DR		n - 0000	Prefix: MR	SHANE	
V	— FEB -0 :	3 2006	Middle Name		
CCA VALLEY			Lasi Name STUECKLE		
W BERNARDING	STATE CLEAR	ING HOUSE	Suffix:		
ato:	0228/		Email: SS () FCKLE@YL	ICCA-VALLEY.O	RG
ountry: BA			Phone Number (di	ve area code)	1 ax Mnumber (Blog aver code)
EMPLOYER IDENTIFICATIO			(HIL369-5578		760 228-0084
33-0490145			7. TYPE OF APPL	LICANT: (See bo	ck of form for Application Types)
TYPE OF APPLICATION:	77 4	Ilun E Revicion			
Ne Revision, enter appropriate lei	ner(s) in box(c3)	dan ==	Other (appolity)		•
se back of form for description	n of letters.)		1	TACENEY	
other (apoolfy)			9. NAME OF FEE	JAHAN MEAELO	[[VIE14
0. CATALOG OF FEDERAL	- 400 A 60 ICT	NOS NUMBER:	11, DESCRIPTIV	TITLE OF APP	LICAN ('S PROJECT:
TITLE (Name of Program): CDBG/BROWNSFIELD ECON 2. AREAS AFFECTED BY P	NOMIC DEVELOPMENT ROJECT (CINOS, COU	NT INITIATIVE nries, States, clu.).			
TOWNS OF VIICAS VALLEY			14 CONGRESS	IONAL DIETRIC	TS OF:
			a Applicant	-	MIST
3. PROPOSED PROJECT	I-nding Date:				
13. PROPOSED PROJECT Start Dute: APPROVAL PLUS 60	Ending Date: APPROVAL FLI	JG 100 DAYS	41ST.	TON BUDJECT	TO REVIEW BY STATE EXECUTIVE
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13. PROPOSED PROJECT STATE DIALS: APPROVAL PLUS 60 16. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other f. Program Income g. IUTAL 18. TO THE BEST OF MY P DOCUMENT HAS BESN DU ATTACHED ASSURANCES	S S S S S S S S S S S S S S S S S S S	99,200 or out of the second of	419T. 16. IS APPLICA OWNER 12372F a. Yes. No. 17. PR. UA 17. IS THE AP	ROGLES (PREAPPLICATE ALLABLE TO THE OCESS FOR REV IF FEBRUARY OGRAM IS NOT PROGRAM HAS R REVIEW PLICAN I DELIN ALLACH AN EXPLANT APPLICATION A IT AND THE APP	TONIAPPI ICATION WAS MADE STATE EXECUTIVE ORDER 1237: VIEW ON 3, 2006 COVERED BY E. O. 12372 SINCH EBEN SPLECTED BY STATE QUENT ON ANY FEDERAL DERTY TOTAL ORDER OF THE
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APPLICATION FOR PTFP FUNDS

Public es Program

Check here if
Check here if Revised Form

OMB Approval 0660-0003

NTIA/Department of Commerce/Washington DC 20230 For PTFP Use

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ΔΡΡΙ	IC A	TION	PΔ	RT I

APPLICATION PART I	
1. APPLICANT	2. Employer 1D # (EIN) 94-2472322
Legal Name <u>Radio Bilingue</u>	3. DUNS# 154638174
Street Address (line 1) Address (line 2)	Main Station Call ————————————————————————————————————
Address (line 2 if required) City Fresno, CA State CA	County z _{ip} 93727
4. Administrative Contact E-mail hugo	m@sbcglobal.net
Mr., Ms., Dr. First Name M. I. Last Name	Jr. etc Title
Mr. Hugo Morales	Executive Dir
Phone # 559 455-5757 Fax #	559_455-5747
5. Engineering Contact Full Bill Bach Name Title Chief Engineer F-ma	
	7. Enter "Y" if new 8. Enter the
9. Enter letter(s) to classify project (P) lanning or (C) onstruction P (R) adio or (T)V or (RT) for both 11. Check ONE line which best describes your project and enter the number of persons that the appropriate column appropriate column RODO PROPORTION PROPORTI	FCC authorizations Priority or are required; see #22. Category under which you request the application be reviewed.
ADDED SERVICE to those covered by others FEB 0 6 2006 STATE CLEARING HO	TX 21 & 23
14. ESTIMATED FUNDING (whole dollars 15. Is application subject to review by	CULTICOTOMOS FEBR.
a. Federal Request \$\frac{75,023}{	made available to the any Federal Debt?
100,000	not been selected by
To the best of my knowled. The document has been duly authorized by the governing board of the applicant and the applicant and the applicant in the assistance is awarded. Mr., Ms., Dr. First Name Hugo N. Morales	ge and belief, all data in this application are true and correct. icant will comply with the attached assurance and the PTFP 455-5757 Jr. etc Title Executive Director
Signature of authorized representative	Date 5 / 23/0 6

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 For PTFP

Check here if	
Revised Form	

VIB Approval	, tt ii the open time of the control
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State CA County Fresno State CA County Fresno Zip 93721	APPLICATIO	ON PART I	·	CFDA 1	1.550		Jse 	
State CA County Fresno State CA County Fresno Zy 93721	I. APPLICAI	NT				ID # (EIN)	77-0162617	7
Station Stat	egal Name	Valley Public Television	on, Inc				61-193-091	8
State CA County Fresno Zip 93721-	Jnlit	KVPT				Station		KVPT TV 18
State CA County Freshold State CA County Freshold State CA State	(line 1)	1544 Van Ness Avenu	ne			1 -44	adio MHz	TV Channel
Administrative Contact W. Ms. Dr. First Name M. I. Last Name Jr. etc Position Senior VP & CFO Phone # (559) 266-1800 ext. 42 PECELVED Fax # (559) 650-1880 Fille Chief Engineer Floring Flor	Address (line 2 f required)					_		
Mr. Ne. Dr. First Name Ms. Phyllis Brotherton Senior VP & CFO Fax # (559) 266-1800 Fax # (559) 266-1800 Fax # (559) 266-1800 Fax # (559) 266-1800 File Mr. Rodger Hixon File Fax # (559) 266-1800 File Fax # (559) 266-1800 Find Mr. Rodger Hixon File Fax # (559) 266-1800 Find Mr. Rodger Hixon File Fax # (559) 266-1800 File Fax # (559) 266-1800 Find Fax # (559) 266-18	City	Fresno					no	Zip <u>93721-</u>
Ms. Phyllis Brotherton Senior VP & CFO Phone # (559) 266-1800 ext. 42 Regineering Contact Full Mr. Rodger Hixon FEB 0 6 2006 Phone # (559) 266-1800 Project Fax # (559) 266-1800 Projec	I. Administrativ	ve Contact		E-mail	pbrotherton@l	kvpt.org		
Figure 2006 Figure			M. I.					
Engineering Contact Full Mr. Rodger Hixon FEB () 6 2006 Final Phone File Mr. Rodger Hixon File Chief Engineer STATE CLEARING HOUSE Final Phone File Mr. Rodger Hixon File Chief Engineer STATE CLEARING HOUSE File Mr. Rodger Hixon File Mr. Rod	IVIS.	T riyinə	Position and the second second state of the second	DIOLIGIA (VI)			1 V1 U U I U	
Full Name Mr. Rodger Hixon FEB 0 6 2006 Title Chief Engineer Chief Engineer Chief Engineer STATE CLEARING HOUSE E-mail Thixon@kvpt.org T	hone # <u>(559)</u>	266-1800 ext. 42	HRE	JEIVE D	Fax#	(559) 650-1880		
Title Chief Engineer STATE CLEARING HOUSE Final Private			har har har	0 & 200C	Eaginoor			
PROJECT INFORMATION 6a. Enter "Y" if Reactivation N	Name Mr. H	lodger Hixon	<u> </u>	<u> </u>	Phone	(559) 266-1800)	
Reactivation N File # FCC authorizations N Priority or Category under which you request the application be reviewed Population and the appropriate column Population are in the proposed facility ADDED SERVICE to those covered by others Tederal Request \$ 393,802 Applicant Share \$ 393,802 TOTAL \$ 787,604 File # FCC authorizations N Priority or are required Target and enter the number of persons that the project will benefit Project (# of months) Total Project (# of months) Total Project M of (R) or (RT) or both To (R) or (RN) for both To (RN) for the application benefit the application benefit the application benefit the application to expansion of project (RN) for the application to (RN) for both To (RN) for both To (RN) for both To (RN) for both To (RN) for the application the application the application the application the application the application the app	Title Chief	Engineer	STATE OL	EARING HOUSE	E-mail	rhixon@kvpt.org	9	
Enter letter(s) to classify project (P)lanning or C (F)ladic or (T)V T (B)roadcast or (N)onbroadcast B (P)lanning or (RT) for both T (B)roadcast or (B) for both T (B) for	PROJECT IN	IFORMATION	6a. Enter "Y	/" if 6b.	Old	7. Enter "Y" if new	ne N	
(P)lanning or C (R) adio or (T)V T (B)roadcast or (N)onbroadcast B Project (# of months) 1. Check ONE line which best describes your project and enter the number of persons that the project will benefit Porporate column In the appropriate Column In t). Enter letter(s)	to classify project	Heactive	ation 11	FIIC#	are required	15 14	Category under which
Enter the population in the appropriate column NEW BROADCAST Tacility; repeater, translator. Tacility	(P)lanning or (C)onstruction	C (R)adio or or (RT) for	(T)V T	(B)roadcast or (N)onb or (BN) for both	roadcast B	Project (# of	12	the application
Enter the population in the appropriate column appropriate column ranslator. Population Currently Served by station First Service added by NEW proposed facility ADDED SERVICE to those covered by others ADDED SERVICE to those covered by others 15. Is application subject to review by Executive Order 12372? Applicant Share \$ 393,802 Applicant Share \$ 393,802 TOTAL \$ 787,604 TEPLACE or DIGITAL CONVERTING Augment BREADCACST EQUIPMENT AUGURATION OF Program has not been selected by State for review ADDED SERVICE to those covered by others 12. Single Congressional District of Applicant 19 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA-18,19,20,21 15. Is application subject to review by Executive Order 12372? — YES This application was made available to the State EO 12372 process for review on 02/02/2006 NO Enter YES or NO If YES, attach explanation.	1. Check ONE I	line which best describes you	ır project and er	nter the number of perso	ons that the project	will benefit		Broadcast Othe
Population Currently Served by station 2,500,000 First Service added by NEW proposed facility ADDED SERVICE to those covered by others 15. Is application subject to review by Executive Order 12372? ✓ YES This application was made available to the State EO 12372 process for review on 02/02/2006 Applicant Share \$ 393,802 TOTAL \$ 787,604 District of Applicant 19 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA-18,19,20,21 16. Is applicant delinquent on any Federal Debt? NO Enter YES or NO If YES, attach explanation.	Enter the popula appropriate colu	ımn facility; repeater,	augment B	ROADCAST conversion	n of public radio acti		12. Single Congress	
2,500,000 First Service added by NEW proposed facility ADDED SERVICE to those covered by others 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA-18,19,20,21 15. Is application subject to review by Executive Order 12372? ✓ YES This application was made available to the State EO 12372 process for review on 02/02/2006 TOTAL \$ 787,604 16. Is applicant delinquent on any Federal Debt? NO Program is not covered by EO 12372 — NO Program has not been selected by State for review on State for State for review on State for review on State for review on Stat		ently	Z Z	0, 1, 0, 1,			District of	
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ADDED SERVICE to those covered by others 4. ESTIMATED FUNDING (whole dollars) Federal Request \$ 393,802 Applicant Share \$ 393,802 TOTAL \$ 787,604 15. Is application subject to review by Executive Order 12372? — YES This application was made available to the State EO 12372 process for review on O2/02/2006 — NO — Program is not covered by EO 12372 — or Program has not been selected by State for review	First Service ad NEW proposed	ded by facility					project (e.	g. PA 1-3, NY 4, 5-9)
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Applicant Share \$ 393,802								
. Federal Request \$ 393,802	4. ESTIMAT	ED FUNDING (whole	dollars)	15. Is application sub	ject to review by E	xecutive Order 12372?	16. Is ap	oplicant delinquent on
Applicant Share \$ 393,802 Enter YES or NO If YES, attach explanation. TOTAL \$ 787,604 Or Program has not been selected by State for review				✓ YES This app State EC	lication was made 12372 process fo	available to the or review on	any red	erai Debt?
TOTAL \$ 787,604 NO Program is not covered by EO 12372 or Program has not been selected by State for review	. Applicant Shar	re \$393	802	02/02/	2006		Enter YE	
State for review	TOTAL	\$787	604		•	•	IT YES, 8	ацасп ехріапацоп.
	Fed. % of eligi	ble costs5	0.00_ %	Sta	ate for review	our solution by		

	FICATION BY AUT		, , , ,		belief, all data in this application are true and o	
The documer Rules if the as	nt has been duly autho ssistance is awarded.	rized by the governing	board of the applica Phone		mply with the attached assurances and the	PTFP -
Mr., Ms., Dr.	First Name	M. I.	Last Name	Jr. etc	Position	
	Paula	<u>A</u>	Castadio		President & CEO	
Signature of authorepresentative	rized La	Eule Cay	redis	Date signed	02-01-06	

Authorized for Local Reproduction

Date signed

Page 1	Page 2	Other Statio	ons in Area	FCC/Site	∟ıst	Budget	Equipmen	t
Vi	ew & Print	Application	Finalize Ap	plication	Use	er settings	Log out	T

APPLICATION FOR PTFP FUNDS OMB Approval 0660-0003 Expires 10/31/2006

Public Telecommunication Facilities Program

NTIA/Department of Commerce/Washington, DC 20230 CFDA 11.550

	Save Save and Continue	
1. APPLICANT ()		
Legal Nan	ne Lake County Community Radio	
Organizational U	nit Lake County Community Radio	
Mailing Addre	ss P.O. Box 1494	
		<i>:</i>
Ci	ty Lucerne State CA	<u> </u>
Coun	ty Lake	The second secon
Z	ip 95458 _	PECHAD
Main Station Call Lette	Radio FM MHz 88.1	FEB 0 6 2006
2. Employer ID # (EIN)	68-0423267	STATE CLEARING HOUSE
3. DUNS # ()	03-445-3873	A POSSO A STEEN A CONT. TO SOME FORM AND PARTIES AND
4. Administrative Contact 🛈		
Name (prefix, first, mi, last, suffi	Mr Andy Weiss	enteretive the account of the company of the control of the contro
Titl	e Project Coordinator	RECEIVED
Phon	e (707) 274 - 2152 ext.	FEB 0 6 2006
Fa	× (707) 262 -0340	90
E-ma	il aw@mchsi.com	STATE CLEARING HOUS
5. Engineering Contact 🛈		
Full Name (prefix, full name	e) Mr. <u>▼</u> Gray Frierson Haertig	
Title	Telecommunications Engineer	
Phone	e (503) 282 - 8213	
Email	gfh@haertig.com PROJECT INFORMATION	
6. Reactivation ①	No C Yes Old File #	
7. New FCC authorizations are required	○ No ● Yes	
3. Enter the Priority or Category under which you request the	1A (1st Service with Local Origination)	

application be reviewed 6 9. Classify project 6	○ Planning or Construction			
	Radio or			
10. Length of Project (# of months)	● Broadcast or C Nonbroadcast or C Both			
10. Length of Froject (# of months)	Save Save and Continue			

	PPLICATION FOR 2. DATE SUBMITTED 1/26/06			Applicant Identifier		
1. TYPE OF SUBMISSION:	-	3. DATE RECEIVED BY STA	TE	State Application Identifie	er	
Application Construction	Preapplication Construction					
Non-Construction	Non-Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier		
5. APPLICANT INFORMAT		· · · · · · · · · · · · · · · · · · ·				
Legal Name:			Organizational Un Department:	ilt:		
Anderson Valley He	ealth Center, Inc.		Ворагинени.			
110253689 Address:			Division: NA			
Street: 13500 Airport Road	, P.O. Box 338		Name and teleph this application (to be contacted on matters involving	
City: Boonville			Prefix:		First Name: Judith	
County: Mendocino	**************************************		Middle Name: Ann			
State:		ZIP:	Last Name:			
CA		95415	Dolan			
Country: USA			Suffix: MSN			
6. EMPLOYER IDENTIFICA 9 4	TION NUMBER (EIN): - 2 3 4 7 4	2 4	Phone Number (g 707 895 347	•	FAX Number (give area code): 707 895 2035	
8. TYPE OF APPLICATION		Continuation		ICANT: (See back of form f	or Application Types):	
If Revision, enter appropriate (See back of form for descrip	e letter(s) in box(es):	Continuation	O. Not for Profit Organization Other (Specify):			
Other (specify):			9. NAME OF FED	ERAL AGENCY:		
			United States Department of Agriculture			
10. CATALOG OF FEDERA ASSISTANCE NUMBER		- 7 6 6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Anderson valley Health Center Builds for the Future with a 4800 square foot addition to the current health center and a 1200			
TITLE: (Name of Program):			square foot ambulance facility to house the local volunteer			
12. AREAS AFFECTED BY Anderson Valley: B			ambulance service.			
Mendocino County,	California	,				
13. PROPOSED PROJECT: Start Date		g Date	14. CONGRESSIO a. Applicant	ONAL DISTRICTS OF:	b. Project	
1/1/06	1/1/0		1 st District-M	[endocino	1 st District- Mendocino`	
15. ESTIMATED FUNDING:	The second secon	Tracti (product)	16. IS APPLICAT PROCESS?	ION SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 12372	
a. Federal \$ b. Applicant \$	RECEIV	1,500,000.00	A\	HIS PREAPPLICATION/APP /AILABLE TO THE STATE E ROCESS FOR REVIEW ON:	EXECUTIVE ORDER 12372	
c. State \$	FEB 0 6 20	106	i	ATE 1/27/06		
d. Local \$		HOUSE	b. NO. PF	ROGRAM IS NOT COVERE	D BY E.O. 12372 OR PROGRAM	
e. Other \$	STATE CLEARING	400,000.00	H/	AS NOT BEEN SELECTED :	STATE FOR REVIEW	
f. Program Income \$	The second secon		17. IS APPLICATI	ON DELINQUENT ON ANY	FEDERAL DEBT?	
g. TOTAL \$		2,900,000	YES	lf "Yes," attach an explanatio	on. 🔀 No	
		LL DATA IN THIS APPLICATION/PRE APPLICANT AND THE APPLICANT W			OCUMENT HAS BEEN DULY S IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix	First Name	3		Middle Name		
Tenx	Judith	5	1	Ann		
Last Name Dolan	· · · · · · · · · · · · · · · · · · ·		1	Suffix MSN		
b. Title				IVISIN c. Telephone Number <i>(give a</i>	area code)	
Executive Director				707 895 3477		
d. Signature of Authorized Re	^			e. Date Signed 1/30/06		

APPLICATION FOR				·	Version 7/0:
FEDERAL ASSISTANCE	1	2. DATE SUBMITTED	2/6/2006	Applicant I	Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Appl	ication Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Id	""RECEIVED
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				7000
Legal Name:			Organizational Unit:		FEB 0 6 2006
CIRCLE DAKS	COUNTY 6	UATER DISTI	Department:		Ĩ
Organizational DUNS:			Division:		STATE CLEARING HOUSE
Address: Street:			Name and telephone involving this application	atlan fahra	person to be contacted on matters area code)
380 CIRCLE	DAKS [RIVE	Prefix:	First Name	JOHN
City: NAPA				LTON	
County: NAPA			Last Name MA	2 Da	WALD
State: CA	ZID Code 945	58	Suffix:		
Country: USA			Email:	7006	Ostarband net
6. EMPLOYER IDENTIFICATIO	, ,		Phone Number (give a	rea code)	Fax Number (give area code)
97-2868801			107)254-	7796	back of form for Application Types)
B. TYPE OF APPLICATION:	v 🏻 Continuation	n 🏳 Revision	7. TYPE OF APPLIC	ANI; (See	pack of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (apecify)		
Other (specify)	, U		9. NAME OF FEDER	AL AGENC	V.
			0.10,000		USDA PLICANT'S PROJECT:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC		1	_	
TITLE (Name of Program)				6 2,	YSTEM
Water elikeste Kuss	DJECT (Cities, Counties	Grant Prog	am U	PGR.	ADE
100	IBDIVISION	V- Nasse Cour	to CA		
13. PROPOSED PROJECT	Uyi U SAA	Ting Court	CONGRESSION	L DISTRIC	
Start Datey. /2006	Ending Date:	2.000	M. THOMPS &	9.7	b. Project W THOMPSOX
16. ESTIMATED FUNDING:	1 10/00/		16. IS APPLICATION ORDER 12372 PROC	ISUBJECT	TO REVIEW BY STATE EXECUTIVE
a. Federal \$	170	5175-	A YAR THIS PRI	EAPPLICAT	ION/APPLICATION WAS MADE
b. Applicant \$, , , , , , , , , , , , , , , , , , ,		S FOR REV	STATE EXECUTIVE ORDER 12372 /IEW ON
c. State \$		·	DATE:		
d. Local \$			b. No. PROGRA	M, IS NOT	DOVERED BY E. O. 12372
e, Other . \$		Œ	OR PROPERTY		NOT BEEN SELECTED BY STATE
f. Program income \$, to			QUENT ON ANY FEDERAL DEBT?
g. TOTAL \$	170	5175	Yes If "Yes" attack	n an explans	ation. No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	LICATION/PREAPPLI THE APPLICANT AND	CATION AF	RETRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
a. Authorized Representative		MANUEL I			
Prefix MR	First Name JOHA	/		Name F	ULTON
Last Name MAC DO	VALD		Suffix		
OFNERAL	MANAGE	R -	E./Telo	phone Num	ber (give area code)
d. Signeture of Authorized Repre	segrative	2//	Date	Signed	4 A Kd
Authorized for Local Reproduction	Jung To				Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102

APPLICATION FOR		,			Version 7/03
FEDERAL ASSISTANCE	· ′	2. DATE SUBMITTED	2/6/2000	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Federal Identifler	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:	
CIRPLE MAKE	CALLATU 1	מדוים מבות בו	Decederate		
CIRCLE DAKS Organizational DUNS:	COUNTY		Division:		
Address:				one number of person to be contacted	ed on matters
Street:			Prefix:	First Name:	
380 CIRCLE	OAKS D	RIVE		JOHN	 -i
NAPA			Middle Name	ULTON	
County: NAPA			Last Name	C DONALD	
State: CA	ZIP Code	8	Suffix:		The second
Country: //CA	REC	CEINED	Email:	702 Q stanhar	1 207
6. EMPLOYER IDENTIFICATIO		2000	Phone Number (gi	/s area code) Fax Number (give a	srea code)
94-2868801] FEB	0 6 2006		-7796 (707) 254	1-9888
8. TYPE OF APPLICATION:		- UOUSE	7. TYPE OF APPL	ICANT: (See back of form for Applica	tion Types)
If Revision, enter appropriate lett	w	LEARING HOUSE	G		
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FED	ERAL AGENCY: USDA	
10, CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	E NUMBER	11 DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:	
			_		
TIT,LE (Name of Program);	^ ·	20-365	1	ER SYSTEM	1
Water and Wast 12. AREAS AFFECTED BY PR	o Hisporal	Joan & Crant	UPGR	ADE	
1					Ì
CIRCLE DAKS	SUBDIVISIO	W-NAPA COU	14 CONGRESSIO	NAL DISTRICTS OF:	
Start Date:	Ending Date:		a. Applicant	b. Project	
15. ESTIMATED FUNDING:	6-3	0-07		1 <i>PSOW M THOMP</i> on subject to review by stat	E EXECUTIVE
			ORDER 12372 PR	DCESS?	
a. Federal \$	87	7000:		PREAPPLICATION/APPLICATION WA ABLE TO THE STATE EXECUTIVE O	
b. Applicant \$, w	-	ESS FOR REVIEW ON	, , , , , , , , , , , , , , , , , , ,
c. State \$, be	DATE	:	
d. Local S		, we	b. No. PROC	RAM IS NOT COVERED BY E. O. 12	372
e. Other \$				ROGRAM HAS NOT BEEN SELECTED	D BY STATE
f. Program Income \$,w		CANT DELINQUENT ON ANY FEDER	RAL DEBT?
g. TOTAL S	8.	7000" -	Yes if "Yes" at	each an explanation.	
				PLICATION ARE TRUE AND CORRE ND THE APPLICANT WILL COMPLY	
ATTACHED ASSURANCES IF				Company of the second s	
Prefix	First Name		Mic	die Name —	
Last Name	UDFIL	V	Su	TULTON	
MACDO	WALD		- Sur	IIA	
b. Title GENERAL	MANAGE	er 1	F. 7	relephone Number (give area code)	
d. Signature of Authorized Repr	on niedvo		o.C	Sate Signed	
Previous dition Usable	man of			Standard Form 4	124 (Rev.9-2003)
Authorized for Local Reproduction				Proceedings by OM	

APPLICATION F		***			2. DATE SUBMITTED)	Applio	eant Identifier				
FEDERAL ASSIS		E		·····								
1. TYPE OF SUBMISSION Application	√:	Preapplication			3. DATE RECEIVED I	BY STATE	State 2	Application Identifier				
☑ Construction		☐ Construction										
□Non-Construction		□ Non-Construction			4 DATE DECEMED I	DV PEDED AL	ACENCY Fodow					
5. APPLICANT INFORMA	ATION	L			4. DATE RECEIVED I	SY FEDERAL	AGENCY Feder	al Identifier				
Legal Name			,,	***************************************	Organizational Unit:	*********						
Los Angeles Count			ation A	uthority	Regional Program							
Address (give city, state, and	zip code)	:			Name and telephone nu area code)	mber of the pe	erson to be contacted	on matters involving this application (give				
One Gateway	Plaza											
1		nia 90012-2952			Steve Henley							
					(213) 922-309	93						
6. EMPLOYER IDENTIFI	CATION	NUMBER (EIN):						a) N				
95 - 44 0 19					7. TYPE OF APPLICANT: (enter appropriate letter in box)							
8. TYPE OF APPLICATION						Independent						
New Continuation	New Continuation x Revision					State Control J Private Univ	lled Institution of History	gher Learning				
Tien communion	A ICC III	•			D Township I	K Indian Trib						
If Revision, enter appropris	ate letter(s) in box(es): A			E Interstate F Intermunicipal	L Individual M Profit Ors	panization					
					G Special District							
A Increase Award B D Decrease Duration C	Decrease Other (<i>spe</i>		iration		State Charter	ad Tranci	t District					
	` •				9. NAME OF FEDERA							
							nistration					
10. CATALOG OF FEDER	RAL DOM	1ESTIC 20 - 5	07	······································	11. DESCRIPTIVE TI	TLE OF APP	LICANTS PROJEC	Γ:				
ASSISTANCE NUMBER					C 4 02 0500	O.C. 10.15.4	C.LIT	Tanadala Tanadan atau				
TITLE 49 U.S.C.	§ 530	9			CA-03-0508-	uo – Met	ro Gold Line	Eastside Extension				
12. AREAS AFFECTED B	Y PROJE	CT (cities, counties, state	es, etc.)		1							
Country of I are America	- 01											
County of Los Angele	s, CA											
13. PROPOSED PROJECT	Γ	14. CONGRESSIONA	L DISTR	ICTS OF								
Start Date		Ending Date	a. Appli	cant			b. Project					
04/08/01		12/31/09	25 throu	gh 39, 42, 46			29, 31, 32 and 34					
0.700701		12/02/05	L	mwan.	5		L					
			14.7	C + PPV IC + TVO	N OVID VE CE EO DEVIV	331 331 Cm / m	E EVECTORIUE ORI	ATD 1000 DD CERCO				
15. ESTIMATED FUNDIN a Federal	s	78,408,000.00	16. 1		TON SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 5 PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70,400,000.00	-		372 PROCESS FOR RE							
				DATE02	/6/06							
			b	NO ∐ PR	PROGRAM IS NOT COVERED BY E O 12372							
				□ or i	PROGRAM HAS NOT I	REEN SELEC	TED BY STATE FO	RREVIEW				
b Applicant	\$.00	\neg	_ •		DEE: COLLEC						
c State	\$.00										
d Local	\$	19,602,000.00										
e Other	\$.00										
f Program Income	\$.00	17.	IS THE APPLIC	ANT DELINQUENT O	N ANY FEDE	RAL DEBT?					
				☐ Yes If "Y	es" attach an explanatio	n 🗵 N	Vo					
g TOTAL	\$	98,010,000.00										
	J											
18. TO THE BEST OF MY KN GOVERNING BODY OF THE								T HAS BEEN DULY AUTHORIZED BY THE				
a Typed Name of Authorize	ed Repres	entative		A Transportation of the section of the section of		b Title		c Telephone number				
Cladve Lowe	Gladys Lowe RF					Director Regional Pr	ogram Management	(213) 922 2459				
d. Signature of Authorized	Renresen	tative			<u> </u>	e. Date Sign		(213) 922-2459				
L A A	kepi esen			CCD	A A 2000	ll "						
1 XI love	8 8	Dom		LEB	0 9 2006		2-6-06					
Previous Editions Not Usabl					<u> </u>	, -						

STATE CLEARING HOUSE

APPLICATION FOR				Version 9/0
FEDERAL ASSISTAN	ICE	2. DATE SUBMI	TTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEN	VED BY STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEN	VED BY FEDERAL AGENCY	* Federal Identifier
✓ Non-Construction	Non-Construction			NOSOCRM-2006-2000469
5. APPLICANT INFORMATION			Organizational Unit:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* Legal Name: REGENTS OF	UNIVERSITY OF CALIFORI	NIA, DAVIS	Department: OFFICE	OF GRADUATE STUDIES
* Organizational DUNS:	047120084		Division:	
Address:	amount of the second of the se		Name and telephone numb	per of person to be contacted on matters involving
* Street1: C/O SPONSORED F	ROGRAMS, OVCR		this application (give area	
Street2: 250 MRAK HALL, 1	SHIELDS AVENUE	AND STATE OF THE PROPERTY AND A STATE OF THE PARTY OF THE	Prefix: Ms. *Fi	rst Name: DEBORAH
* City: DAVIS	County		Middle Name:	
* State: CA	ode: 95616 * Cou	ntry USA	* Last Name: MCCOOK	
6. * EMPLOYER IDENTIFICATION				mail: DLMCCOOK@UCDAVIS.EDU
94-6036494	Envy.		* Phone Number (give area	code) Fax Number (give area code)
8. TYPE OF APPLICATION:	4			: e-Controlled Institution of Higher
New 🗸 Continuation	on Revision			- The state of the
If Revision, enter appropriate letter(s) in box(es)			
A. Increase Award B. Decrease Award	C. Increase Duration	A 444 MARIE - 4 1 4 MARIE MARIE A 444 MARIE A 4	9. * NAME OF FEDERAL	AGENCY:
D. Decrease Duration Other (specify):			National Oceanic and Atmo	ospheric Administration
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE	11.420	11. * DESCRIPTIVE TITLE	OF APPLICANT'S PROJECT:
TITLE: Coastal Zone Management (Estuarine Research Reserves			marine biological invasions? The role of
12. * AREAS AFFECTED BY PRO	JECT (Cities, Counties, States, etc.	. P	invasive gastropods and e	utrophication in mudflat communities within the
SAN FRANCISCO BAY NERR ELKHORN SLOUGH NERR			National Estuarine Resear	Ch Reserve System
13. * PROPOSED PROJECT:		<u> </u>	14. * CONGRESSIONAL D	ISTRICTS OF:
* Start Date	* Ending Date		* a. Applicant	* b. Project
06/01/2006	05/31/2007		1	CALIFORNIA
5. • ESTIMATED FUNDING:			16. IS APPLICATION SUB.	JECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$ 19,933.	20	ORDER 12372 PROCESS?	
b. Applicant	\$ 8,566.	80	THE STATE EXECUTIVE OR	ON/APPLICATION WAS MADE AVAILABLE TO DER 12372 PROCESS FOR REVIEW ON:
c. State	\$ 0.	00	✓ YES DATE	10/01/2005
d. Local	\$ 0.	00	b. PROGRAMIS NO	OT COVERED BY E.O. 12372
e. Other	\$ 0.0		-	
f. Program Income	s 0.0		 	AS NOT BEEN SELECTED BY STATE FOR REVIEW
. TOTAL	\$		Yes If "Yes," attacl	LINQUENT ON ANY FEDERAL DEBT?
A. TO THE BEST OF MY KNOWLEDGE AN	D BELIEF, ALL DATA IN THIS APP	LICATION/PREAPPLICA		
a Authoritant		· · · · · · · · · · · · · · · · · · ·	ASSURANCES IF THE ASSISTANCE I	S AWARDED.
Representative	* First Name: EDV	VARD	Middle Na	me P
	FICE OF GRADUATE STUD	IEC X 2'-1-	No. 1	Suffix:
* Email: DLMCCOOK@UCDAVIS			ephone Number (give area code	
100,000		rax Nun	mber (give area code):	530-752-6222
Signature of Authorized Represent	cauve: complete	Carmisty	Grants.gdv e. Date Sigr	ned: Completed on submission to Grants.gov
uthorized for Local Reproduction		FR O O oo		Standard Form 424 (Rev. x-xx)
	j j	EB 0 9 2006	j	Prescribed by OMR Circular A-102
	STATE	CLEARING HO	NIOE	
			USE	

530 754 7168

			DGET INFOR	M	ATION - Non-Cor	nst	ruction Progr			o	MB Approvi	el No. 0348-0044
			SEC	TIC	ON A - BUDGET SUN	1M	ARY					
Grant Program Function	Catalog of Federal Domestic Assistance		Estimated Un	obl	igated Funds			N	law or Revised Budge	et		,
or Activity (a)	Number (b)		Federal (c)		Non-Federal (d)		Federal (e)		Non-Federal (f)		Total (g)	
1. FELLOWSHIP	11.420	8	0.00	\$	0.00	\$	19,933.20	\$		1		28,500.00
2.						\dagger		T		t		0.00
3.										+	100	0.00
4.						1		Ī		1	1	0,00
6. Totals	The state of the s	\$		\$		\$		\$		3		
			SECTI	ON	B - BUDGET CATE							
6. Object Class Cate	ories	(1)		(2	GRANT PROGRAM, F	UN (3		[(4		_		olal
			FELLOWSHIP	12		,3	<u>'</u>	(4)	,			(5)
a. Personnel		\$	8,500.00	\$	4,500.00	\$		\$		3	;	14,000.00
b, Fringe Benef	its		123.50						100 000			
c. Travel					1,000.00							
d. Equipment										T		
e. Supplies			3,067.59		2,288.00					T		
f. Contractual					Tall the beginning to a series of					Ī		
g. Construction												
h. Other			5,973.00						43.	T		
i. Total Direct C	harges (sum of 6a-6h)									\$		
J. Indirect Charg	988		1,269,11		778.80					\$		
k. TOTALS (sum	of 6i and 6j)	\$		5		\$		\$		\$		
		T		Γ		Г		_		F		
7. Program Income		\$		\$		\$		\$		\$		

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Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102)

		- ,	SECTION	C -	NON-FEDERAL RE	SÓL	JRCES	-				
	(a) Grant Program				(b) Applicant		(c) State	(d) Other Sources		(e) TOTALS	
8.	FELLOWSHIP 11.420			s	8,556.80	\$		\$		8		
9.		·									NOTE OF THE PARTY	
10.	The state of the s											
11.	11. 12. TOTAL (sum of lines 8-11)											
12.			\$		s		\$		\$ [
			SECTION	- a ı	FORECASTED CA	SH N	NEEDS					
			Total for 1st Year	<u> </u>	1st Quarter		2nd Quarter		3rd Quarter	1_	4th Quarter	
13.	Federal	\$		\$	4,983,30	\$	4,983.30	\$	4,983.30	\$	4,983.30	
14.	Non-Federal	\$			2,139.20		2,139.20		2,139.20		2,139.20	
15.	TOTAL (sum of lines 13 and 14)	\$		\$		\$		\$		\$		
	SECTION E - BU	DG	ET ESTIMATES OF	FE	ERAL FUNDS NEE	DE	FOR BALANCE	FI	HE PROJECT			
	(a) Grant Program		The second secon	FUTURE FUNDING								
	FELLOWSHIP			<u> </u>	(b) First	-	(c) Second	_	(d) Third	-	(e) Fourth	
16.	FELLOWSHIP			\$		\$		\$		\$		
17.	The state of the s											
18.												
19.												
20.	TOTAL (sum of lines 16 - 19)			\$		\$		\$		\$		
			SECTION I	- 0	THER BUDGET INF	ORI	MATION					
21.	Direct Charges:				△ 22. Indirect	Chi	rges:					
23.	Remarks:	- Internal				****					À	

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Standard Form 424A (Rev. 7-97) Page 2

APPLICATION FOR PTFP FUNDS

Public To ecommunications Facility Program NTIA/Department of Commerce/Washington DC 20230 NTIA/Department of Commerce/Washington DC 20230

APPLICATION PART I			C	FDA 11.550		Use	
I. APPLICA	NT				2. Employe ID # (EIN)	95-6002272	
egal Name	KOCE-TV Fo	undation			3. DUNS #	03-738-7057	
Organizational Unit	KOCE-TV				Main Station		KOCE TV 50
Mailing Address (line 1)	15751 Gotha				Call Letters	Radio MHz	TV Channel
Address (line 2 f required)							
City	Huntington B	each		State CA	County Ora	inge	Zip <u>92647-0476</u>
l. Administrati	ive Contact			E-mail mrogers@koc	e.org		at university of the second
Mr., Ms.,	., Dr. First Name	M. I	. Last Name		Jr. etc Position	on	
Mr.	Mel	22.00.00	Rogers		Pres	sident	
Phone # (714	1) 895-5623			Fax#	(714) 895-085	52	
5. Engineering				- 	\		
Full Mr (Gordon Smith			Engineer Phone	(714) 895-562	23	
Name Title Chie	ef Engineer			E-mail	gsmith@koce	ora	
Crite	r Engineer				garminækeee	.019	
(P)lanning or (C)onstruction (C)onst	E line which best de plation in the facility; translat rrently tion added by d facility //CE to	NEW BROADCASTaugr	or (BN) for bottom or (BN) for b	or (N)onbroadcast B oth of persons that the project DIGITAL conversion of public radio ac or TV station 14,000,000	NONBROADCAST	project (e.g CA22, 24, 29, 30, 31	46 districts served by PA 1-3, NY 4, 5-9 25, 26, 27, 28, 32, 33, 34, 35, 39, 40, 42, 43,
				. 4	Tura e ettera Ordan 1927	16 le en	aliaant delinguent en
14. ESTIMA a. Federal Requ		(whole dollars)		ation subject to review by E This application was made	e available to the		plicant delinquent on eral Debt?
o. Applicant Sha		631,790	-	State EO 12372 process f 02/02/2006	or review on	NO	
	NAME OF TAXABLE PARTY.	631,790	NO	Program is not cove	red by EO 12372	Enter YE If YES, a	S or NO ttach explanation.
c. TOTAL	\$	1,263,580	_	or Program has not I	·		
d. Fed. % of elig	gible costs	50.00_ %		State for review			
		UTHORIZED RE					
	has been duly a istance is awarded			applicant and the applic Phone # (714)895-		the attached assi	urances and the PTFI
Mr., Ms., Dr.	First Name	м. I.	Last Name		Jr. etc Positio	n	

Mr. Mel

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Signature of authorized representative

koce06

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STATE CLEARING HOUSE

APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval 0660-0003

18. Summary of application (Summarize the purp KOCE-TV is applying for funds to repla well as associated test equipment and	ce obsolete anal	og studio and	ences.) d field equ	ipment wi	th new HDT	V studio a	and field equi	pment, as
19. Types of Applicant (Enter appropriate letter in	box)		20. Statio		THIS	YEAR	NEXT YEAR FUN	IF PROJECT
A. State J. Private University			Oper	ations	Number	Hrs./Wk	Number	Hrs./Wk
B. County K. Indian Tribe C. Municipal L. Individual (NOTE: Note D. Township M. Non-profit	əligible for PTFP fundinç	g)	Full-	Time Staff	35	4	35	40
E. Interstate O. Other (specify) F. Intermunicipal G. Special District			Part-	Time Staff	31	1	0 31	10
H. Independent School District I. State Controlled Institute of Higher learning			,	Volunteers	100		2 100	2
M_	J		Operat	ing Budget	\$	9,800,00	0 \$	9,800,000
21. Public Broadcasting Affiliations Enter "Y" if applicant is currently CPB qualified	Check if nonbroadd application and the Not Applicable			Members Enter "Y" PBS	as appropriate	public broad s. IFCB PF	casting organiza	Other
If applicant is NOT	f expected qualificati	on	This year	Υ				
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.			Next year	Υ				
Proposed Community of license	Channel #	FCC File #			STAT	FEB 0	IVED 9 2006 RING HOUSE	ased
Yes (No (circle one)) Have you applied to, interpretation another Federal program Please provide information page. 24. List all public radio, TV stations or ITFS facility by signal to the proposed service area (1 MV forms).	for this project or a ron regarding funds fron the foot for the foot for the foot for the foot for the foot foot foot foot foot foot foot foo	related project? om CPB or othe similar 25		ds in the Re	marks section	below or on		portions of
City	Call Letters	th (C	is Project Cities, ounties,	counties	0, 04, 10,	idilaii o, v	omara ana c	an Diogo
Los Angeles, CA	KLCS	St	tates, tc.)					
City	Call Letters		,					
Los Angeles, CA City	KCET Call Letters				•			
San Bernandino, CA	KVCR							WWW.
REMARKS (continuation of any items from page	1 or this page cont	inue on plain pa	per attached	to this page	if necessary)			<u></u>

APPLICATION FOR FEDERAL ASSISTANCE

FEDERAL ASSISTAN	NCE	i .	SUBMITTED January 2	24, 2006	Applicant Identifier
1. TYPE OF SUBMISSION:			RECEIVED BY		State Application Identifier
Application	Preapplication				
✓ Construction	Construction	4. DATE F	RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			······································	Organizational Unit:	
Valley Teen Ranch				Same	
Address (give city, county, State,	•				number of person to be contacted on matters involvin
2610 W. Shaw Ave. #	105, Fresno CA 9	93711		this application (give a Connie Clenc	lenan, C.E.O., 559-437-1144
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 4 - 2 9 0 1	0 7 8			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:				B. County	I. State Controlled Institution of Higher Learning
✓ New	☐ Continuation	☐ Re	evision	C. Municipal	J. Private University
· ·		1 —		D. Township E. Interstate	K. Indian Tribe L. Individual
If Revision, enter appropriate lette	si(s) in box(es)			F. Interstate	M. Profit Organization
A. Increase Award B. Decr	ease Award C. Increase	Duration		G. Special District	N. Other (Specify) <u>n-Profit Organizati</u>
D. Decrease Duration Other(s	pecify):				AL AGENOV
				9. NAME OF FEDER	AL AGENCY:
					States Dept. of Agriculture
10. CATALOG OF FEDERAL DO				11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
TITLE:		1 0	7 6 6	new water syste	r old existing water system by installing a m to ensure a supply of high quality water
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):		and reduce mair	itenance costs.
New equipment and system	m will be placed on sa	me locat	ion as exis		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS O	F:		
1 - 1	a. Applicant			b. Project	
3/1/06 5/1/06 5	Madera (County		40 IO ADDI IOATION	Madera County SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:				ORDER 12372 P	
a. Federal	\$	400.000	.00		
		100,000	00	ł	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$		•	1	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$.00		
d. Local	\$		00	DATE	
d. Local	Ф		•	b. No. 🛛 PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	100,000			attach an explanation. No
					TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T					In Talantana Number
 Type Name of Authorized Representation Connie Clendenan 	esentative	b. Title Chief E	xecutive Off	icer	c. Telephone Number (559) 437-1144
d. Signature of Authorized Repres	entative ndenau		REC	EIVED	e. Date Signed
Previous Edition Usable			רכט	1 0 2006	Standard Form 424 (Rev. 7-97)
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			STATE CL	EARING HOUSE	

APPLICATION FOR PTFP FUNDS

Public Te' communications Facili*'s Program N.../Department of Commerce/Washington D. _0230 For PTFP

OMB	Approval

Check h	ere if
Revised	Form

0660-0003 APPLICATIO	ON PART I		(CFDA 11.55	50		Use			
1. APPLICA						2. Em ID # (ployer EIN) 94	-3180825		
Legal Name Organizational	Youth Radio	· · · · · · · · · · · · · · · · · · ·				3. DU <u>Main</u>	NS # <u>0</u> 2	-726-3522		
Unit Mailing Address	Youth Radio					Station Call Letters	Dada			Ob
(line 1) Address (line 2	1809 Universi	ty Avenue				Lottoro	Radio	MHz	TV	Channel
if required)	Dorkolov				~ A	0	Alamada		7:- 0.47C	าว
City	Berkeley						Alameda		Zip <u>9470</u>	13-
4. Administrati	ve Contact			E-mail <u>ellin</u>	o@youthr	radio.org				
Mr., Ms.,	Dr. First Name	M. I.	Last Name			Jr. etc F	Position			
Ms.	Ellin		O'Leary				Presiden [*]	and Exec	utive Prod	ucer
Phone # (510) 841-5123			1 200 000	Fax#	(510) 841	-9804			
5. Engineering	Contact		RECEI	AFD						
	Timothy McGov	ern	FEB 1 4	2006	Engineei Phone	(510 ₎ 841	-5123			
	nical Director				E-mail	tmcg@yo	uthradio (ora		
Tech	inical Director	ST	ATE CLEARIN	IG HOUSE		unicgeryo	uti il aulo.	лу		
9. Enter letter(s) (P)lanning or (C)onstructio	line which best des	(R)adio or (T)V R or (RT) for both scribes your project and EW BROADCASTL speater, augmer	(B)roadcast or (BN) for but the number of BROADCAST	r of persons th	cast N	are require 10.Length of Project (# months)	orizations N	2 12. Single Congressi	Priorit Categ under you re the ap be rev	
Population Cur Served by stati	rently					1,300		District of Applicant	9	ed by
First Service at NEW proposed						100		project (e.g	g. districts serv g. PA 1-3, NY 4	5-9)
ADDED SERV	ICE to					120		0, 7, 6		
those covered						100				
14. ESTIMA	TED FUNDING	(whole dollars)	15. Is applic	ation subject t	o review by	Executive Order	12372?		plicant delino	quent on
a. Federal Requ		30,040	YES	This application		e available to the	Э	any Fede	eral Debt?	
b. Applicant Sha	are \$			02/06/200	•	ioi review ori		NO		
D. Applicant one	ω ——	30,040	NO	Program	a is not onve	ered by EO 1237	9	Enter YE If YES, a	S or NO ittach explana	ation.
c. TOTAL	\$	60,080	NO	•		been selected by				
d. Fed. % of elig	gible costs	50.00 %		State fo	r review					
17. CERTIFI	CATION BY A	JTHORIZED REPI	RESENTATIV	E To the he	st of my kno	wledge and belie	of all data in	this annlicat	ion are true	and correct
The document		thorized by the govern		applicant an		cant will comply				
	First Name	M. I.	Last Name	. 110110 # () IU / 841		osition			

Ellin

Ms.

Signature of authorized representative

Date

signed

President and Executive Producer

O'Leary

1

APPLICATION FOR PTFP FUNDS PAGE 2

Public Tr'ecommunications Facil' es Program A/Department of Commerce/Washington L. 20230 CFDA 11.550

D. Types of Applicant (Enter appropriate letter in box) A. State J. Private University			20. Station Operations		THIS YEAR		NEXT YEAR IF PROJECT	
					Hrs./Wk	Number	Hrs./Wk	
3. County K. Indian Tribe C. Municipal L. Individual (NOTE: Not eligible for PTFP funding) D. Township M. Non-profit		Full-	Full-Time Staff		40	25	40	
Interstate O. Other (specify) Intermunicipal Special District		Part	-Time Staff	20	20	20	20	
I. Independent School District State Controlled Institute of Higher learning M			Volunteers Operating Budget		10	30	10	
		Operat			2,400,000	\$	2,500,000	
	nonbroadcast n and therefore Q. 2' cable	1	Membersi Enter "Y" PBS	as appropriat	public broadca e. NFCB PRI	osting organiza	Other	
Date of expected	gualification	This year						
If applicant is NOT currently CPB qualified, enter "Y" if qualification	1	Next year						
is expected.				L				
Yes (No) (circle one) Have you applied to, intend to apply another Federal program for this proplease provide information regarding page. List all public radio, TV stations or ITFS facilities which p	ject or a related proje g funds from CPB or o	ct?	ds in the Re	marks sectior	below or on a	nother ng Marin, C	ontra	
e signal to the proposed service area (1 MV for FM, Grade B for TV). aff			Costa, A	lameda, ar	d San Fran	cisco counti	es	
Stry Star Et	2000	(Cities, Counties, States,						
City Call Le	etters	Etc.)						
	- #							
City Call Le	ellers		1					

					Version 7/03		
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION:		02/16/06 3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Pre-application	4. DATE RECEIVED BY	VEEDERAL AGÊNCY	Federal Identif	ier		
Construction	Construction	4. DATE RECEIVED B	I I EDERAL ROLLIE				
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:			Organizational Un	lt:			
•			Department:	PUBLIC WORK	S .		
COUNTY OF SAN DIEGO Organizational DUNS:			Division: AIRPORTS				
00-9581646		Name and telet		ne number of pe	rson to be contacted on matters		
Address:		JEIVEU 	Involving this application (give area code)				
		1 4 2000	Prefix: First Name: PETER				
1960 JOE CROSSON DR. City:	FEI	3 1 4 2006	Middle Name				
EL CAJON			Last Name				
County: SAN DIEGO		LEARING HOUSE	DRINKWATER				
State: CA	Zip Code 92020		Suffix:				
Country: USA			Email: Peter,D	rinkwater@sdcour			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)		
95-6000934	n		(619) 956-4839		(619) 956-4600		
B. TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See bac	k of form for Application Types)		
₩ Ne		on 🔲 Revision	В				
If Revision, enter appropriate letter(s) in box(es)			Other (specify)				
(See back of form for description	n or letters.)		Dirial (apasity)				
Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION					
10. CATALOG OF FEDERAL	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
		20-106	BORREGO VALLE	Y AIRPORT - LA	ND ACQUISITION AND		
TITLE (Name of Program):		ENVIRONMENTAL ASSESSMENT FOR WEST RUNWAY PROTECTION ZONE					
AIR	PORT IMPROVEMENT		- FROTECTION 20	INC.			
12. AREAS AFFECTED BY P		is, States, etc.).					
BORREGO SPRINGS, SAN I	DIEGO, CA		14. CONGRESSIO	NAL DISTRICTS	ŎĒ:		
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	NAL DISTRICTS	b. Project		
TBD	TBD Date.		52		52		
15. ESTIMATED FUNDING:			16. IS APPLICATI ORDER 12372 PR		REVIEW BY STATE EXECUTIVE		
a, Federal	i i		THIS !	PREAPPLICATION	VAPPLICATION WAS MADE		
b. Applicant		475,000	S. TES. IEJ AVAIL	ABLE TO THE ST ESS FOR REVIEN	ATE EXECUTIVE ORDER 12372		
b. Applicant	<u> </u>	1,250					
c. State	5	23,750	DATE	02/21/06 (FAX (916) 323-3018)		
d, Local	5	,uu	b. No. III PROG	RAM IS NOT CO	/ERED BY E. O. 12372		
e. Other	B	ou	OR PROGRAM HAS NOT BEEN SELECTED BY STATE				
f. Program Income	S	.00	17. IS THE APPLI	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL	<u> </u>	, DU		مانوسواوی و ماد	n. 🖾 No		
	MAN EDGE AND BELLE	500,000	Yea If "Yes" att				
18, TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY O			INT WILL COMPLY WITH THE		
a. Authorized Representative							
Prefix	First Name PETER	,	Mid	die Name L.			
Last Name DRINKWATER		- 0	Sufi	lx .	***		
b. Title DIRECTOR OF COUNTY AIR	PORTS - 1	12.11.		elephone Number 19) 956-4800	(give area code)		
d. Signature of Authorized Rep		wearfully		ate Signed	√		

PPLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED)	Applicant Iden	version 7/03			
TYPE OF SUBMISSION:		3. DATE RECEIVED	3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Pre-application	n ·		Y Federal Identifier 68-0386518				
Construction	Constructi	on 4. DATE RECEIVED	BY FEDERAL AGENCY					
Non-Construction	Non-Constr	uction		88-0300318				
. APPLICANT INFORMATION egal Name:	<u> </u>	1	Organizational Un	it:				
regar Name. The CSU, Chico Research Fou	ndation		Department:					
ne CSO, Chico Research Fou		A CONTROL OF THE SAME AND A SAME	Division:					
512177162		ECENTED	Name and telepho	ne number of pe	erson to be contacted on matters			
Address:			involving this app	involving this application (give area code)				
CSU, Chico, Building 25		FEB 1 5 2006	Prefix: First Name: Carol					
City:	160		Middle Name					
County:	STA	TE CLEARING HOUSE	Last Name Sager					
Butte State:	Zip Code		Suffix:					
Zip Code 95929-0870			Email:					
Country: USA	ON MUMBER /F	(IAI)	casager@csuchice Phone Number (giv		Fax Number (give area code)			
S. EMPLOYER IDENTIFICATI		in):	530-898-5700	 ,	530-898-6804			
68-038651	8		1	ICANT: (See bad	ck of form for Application Types)			
B. TYPE OF APPLICATION:	I o	ntinuation Revision						
New Continuation Revision f. Revision, enter appropriate letter(s) in box(es) See back of form for description of letters.)			O Nonprofit 501 (c)3 Other (specify)					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. NAME OF FED	RAL AGENCY:				
Other (specify)			Economic Develor	ment Agency (ED	DA)			
10. CATALOG OF FEDERAL	DOMESTIC AS	SISTANCE NUMBER:			ICANT'S PROJECT:			
TITLE (Name of Program): EDA University Center Progra	I m	11-303	Funding Proposal	for the Economic	CSU, Chico Research Foundation's Development Administration, Sity Center Economic Development			
12. AREAS AFFECTED BY P	ROJECT (Cities	, Counties, States, etc.):	1109.4					
Northern California			14. CONGRESSIO	NAL DISTRICTS	S OF:			
13. PROPOSED PROJECT Start Date:	Ending Dat	e:	a. Applicant	7,7,2,2,0,1,0,1,0	b. Project			
07/01/06	06/30/09		Second	ON CUR IECT T	Second O REVIEW BY STATE EXECUTIVE			
15. ESTIMATED FUNDING:		,	16. IS APPLICAT ORDER 12372 PR	OCESS?	O REVIEW BY STATE EXCOUNTS			
a. Federal	\$	110,000		a. Yes. 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 123 PROCESS FOR REVIEW ON				
b. Applicant	\$	66,666			LVV OIV			
c. State	\$	- 30		: 02/16/06				
d. Local	\$.	. 00	D. NO. 113		OVERED BY E. O. 12372			
e. Other	\$.00	l W EOD	PE//IE/M	OT BEEN SELECTED BY STATE			
f. Program Income	\$.00	17. IS THE APPL	CANT DELINQU	ENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	176,666		tach an explanati				
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES	_Y AUTHORIZE!	D BELIEF, ALL DATA IN THIS D BY THE GOVERNING BODY	S APPLICATION/PREAF Y OF THE APPLICANT	PLICATION ARE AND THE APPLIC	ETRUE AND CORRECT. THE CANT WILL COMPLY WITH THE			
a. Authorized Representative Prefix			Mi	ddle Name				
·	First Name Carol		Sı	ıffix				
Last Name Sager					er (give area code)			
b. Title Director, Office of Sponsored Programs			55	c. Telephone Number (give area code) 530-898-5700				
d. Signature of Authorized Re		e.	Date Signed	4570 C				
Previous Edition Usable Authorized for Local Reprodu	ction				Standard Form 424 (Rev.9-20) Prescribed by OMB Circular A-1			